

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 100

STATE FILE NUMBER  
**63-032092**

**FILED SEP 4 1963**

1. PLACE OF DEATH

a. COUNTY **Howell**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Willow Springs**

Length of stay in 1b

**Yrs**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **Howell**

c. CITY

OR TOWN **Willow Springs**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Home**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**East 1st. Street**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

**SHELBY**

Middle

**FARRIS**

Last

4. DATE OF DEATH

Month

Day

Year

**August 28, 1963**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**4/7/99**

9. AGE (last birthday)

**64**

IF UNDER 1 YEAR

Months **4** Days **21**

IF UNDER 24 HR

Hours **21** Min. **15**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Frisco Railway**

10b. KIND OF BUSINESS OR INDUSTRY

**Retired**

11. BIRTHPLACE (City and state or country)

**Missouri**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**J. P. Farris**

13b. MOTHER'S MAIDEN NAME

**Florence Farris**

14. NAME OF HUSBAND OR WIFE

**Emma Lou Farris**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Emma Farris, Willow Sngs., Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute Heart Failure**

INTERVAL BETWEEN ONSET AND DEATH

**2 hrs.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Chronic Heart Disease**

**3 yrs.**

DUE TO (c)

**Arterio-sclerotic Heart Disease 3 yrs.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Arteriosclerosis General.**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**3-18-61**

to **8/28/63**

and last saw him alive on **8-28-63**

Death occurred at

**8:30 A.M.**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Harold Miller M.D.**

**Dr. Harold Miller, M.D.**

22b. ADDRESS

**600 E. 1st Willow Springs, Mo.**

22c. DATE SIGNED

**8/28/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**8/30/63**

23c. NAME OF CEMETERY OR CREMATORY

**City**

23d. LOCATION (City, town, or county)

**Willow Springs, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Burns - Willow Springs, Mo.**

25. DATE RECD. BY LOCAL REG.

**8/31/63**

26. REGISTRAR'S SIGNATURE

**[Signature]**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

SEP 18 1963

SEP 5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed T. R. Burns

*T. R. Burns*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.